

discharge workers who must change their jobs because of a disabling dermatitis. If the worker's illness does not require him to leave work entirely, too often he must accept another job at greatly reduced income. Employers in small plants especially, have no choice other than to discharge workers with recurring dermatitis, but California's new rehabilitation law, Assembly Bill 760, enacted on January 1, 1975, may correct some of the inequities, especially if it is properly funded and implemented. Dermatologists can be of immeasurable assistance in the rehabilitation of disabled workers, not only by indicating its necessity but by discussing job alternatives with employers and insurance carrier representatives, and also, in

the case of allergic sensitization, clearly stating the permissible occupations in which contact with the patient's sensitizers is unlikely to occur.

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Minidose Heparin Prophylaxis for Prevention of Pulmonary Embolism

The simplest and the most generally applicable method of prophylaxis (before surgical operation) involves drug treatment with various agents designed to prevent hypercoagulability. Agents that have been tested . . . include low dose heparin. In a large series of studies on low dose, preoperative, perioperative and postoperative heparin therapy, in almost all cases a significant protection against peripheral venous thrombosis has been shown. Since venous thrombosis might develop during the day of operation, and one day thereafter, treatment must begin before the operative procedure. In spite of this, bleeding has not been reported as a problem. The standard minidose or small dose heparin prophylaxis is 5,000 units two times a day. . . . Published evidence and clinical experience now indicate that low dose heparin prophylaxis be recommended as primary prevention for all adults in whom major abdominal, pelvic or thoracic surgical procedures are carried out. . . . A standard regimen fulfills most of the criteria demanded of an ideal prophylactic agent. It is well tolerated by the patient, it is free of side effects and it requires no monitoring other than seeing that the patient receives the drug appropriately. It does not produce excessive bleeding when the patient is subjected to major tissue trauma.

Now, I can agree in general with these observations, but with some qualifications. First of all, I am not entirely satisfied that the bleeding problem has been looked at in as much depth as it should be, particularly in terms of morbidity—like late wound complications and actual surgical blood loss. Most of the reported lack of bleeding difficulty is based on observations by the surgeons which are not necessarily quantitative. On the other hand, it is now possible to identify very high risk groups, and I think the data now are so hard that certainly in patients who fall into a high risk group, minidose heparin prophylaxis should be used on the basis of the current knowledge.

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